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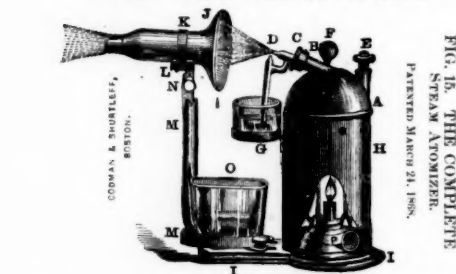


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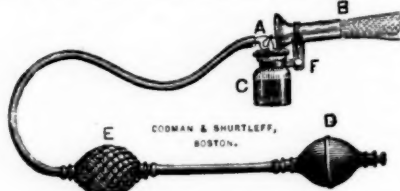
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Original Communications.**CASES OF CEREBRO-SPINAL DISEASE
IN THIS CITY DURING THE MONTHS
OF FEBRUARY, MARCH AND APRIL,
1872. REMARKS ON THE TREAT-
MENT OF THE SAME.**

*(Read to the Chicago Medical Society, April
15th, 1872.)*

BY N. S. DAVIS, M.D., ETC.

Both personal observation and the statistics of mortality furnished by the Board of Health, show an unusual prevalence of cerebro-spinal disease of a serious nature, in this city during the past two months. For instance, the certificates of death returned to the health office, show 13 deaths from cerebro-spinal meningitis in February, 44 in March, and 22 during the first week in April. This not only indicates an unusual prevalence of cerebro-spinal disease, in the city, but also that it is rapidly increasing. The first case that attracted my attention was that of a young man employed as a clerk in a store, who sent for me on the 1st day of February. He was boarding at 810 Michigan avenue.

He had been attacked two days previous with chilliness and a severe pain in the head, for which he went to a physician who gave him some cathartic medicine. It operated freely on the bowels, but afforded no relief to his head. I found him in a reclining position; some flush of redness in his face, and an expression of suffering; averse to free motions, especially of the head; some general increase of sensibility or hyperæsthesia; temperature moderately increased; pulse 90 per minute, firm, and moderately full; respirations 20, and a little unsteady; tongue covered with a white coat, but moist; urine free; abdomen natural; mind despondent; and complaining of an intense pain, mostly in the lower part of the anterior region of the head, and extending at times to the occiput. The temperature of those regions of the head and the pulsation in the arteries was greater than in the other parts of the body. The pupils were small, with slight photophobia. The assemblage of symptoms was such as caused me to

think there was positive inflammatory hyperæmia in the base of the brain.

The following day the pain was less intense, but in all other respects the symptoms were unchanged, except the addition of slight stiffness of the muscles of the neck, and complete aphasia. The patient understood whatever was said to him; but, in reply, repeated a number of meaningless words, mostly monosyllables, and often appeared vexed that those around him could not understand him. He was now moved to the house of a friend on Cottage Grove avenue. There, for three days, he claimed to be each day better. He recovered the power of expressing his thoughts, and had less pain in his head. But his neck remained stiff; his pulse variable; mind more dull and wandering, especially during the night. There was less febrile heat; the tongue more clean; the urine more abundant; and he insisted on sitting in his chair and taking some food every day. On the night of the 6th, his symptoms became more aggravated; his head was more retracted; mind more dull; pupils considerably dilated; pulse slow and intermitting; respirations very variable; and urine more scanty. On the 8th there was evident hemiplegia, with divergence of one eye; and entire coma followed, ending in death on the morning of the 11th. No *post mortem* examination was allowed. Since the 1st of February, a period of 72 days, there have occurred in my own practice 40 cases, sufficiently well characterized to render the diagnosis reasonably certain.

I have seen several other cases in consultation with other practitioners during the same period of time. Of the 40 cases here alluded to, 21 were in the South Division, 15 in the West, and four in the North Division of the city. Six were adults between the ages of 20 and 30 years; ten were between 5 and 15 years; and 24 were between 6 months and 5 years of age. Of the whole number 7 have died, 27 recovered, and 6 remain under treatment. Of the latter, one will probably soon terminate fatally, and the other five have a fair prospect of recovery. Of seven deaths, 3 were of adults over 20 years of age; 1 was 5

years, 1 was 3 years, and the remaining 2 six and seven months respectively.

The duration of the disease has varied much. Of the seven fatal cases, one continued 12 days, one 7 days, one 5 days, one 6 days, one 4 days, one 28 days, and one only 20 hours. Three of these cases were brought under treatment at the commencement of the attack; the other four were seen so late as to admit of only from one to three visits each. The cases that recovered have required treatment from one to four weeks each.

Four-fifths of the cases included in this report have occurred among the poor and laboring classes of people, and in a territory or part of the city bounded by East and West Harrison street on the north, south by Twenty-sixth street, east by State street, and west by Centre avenue. Yet one of the most rapidly fatal cases in the list was a little German boy five years of age, living on Wabash avenue, near Fourteenth street, who died within 20 hours from the attack.

In many instances only one child or member of a family has suffered from the disease, while in a few cases three or four in the same family have been prostrated within 24 or 36 hours. In one small house on the rear end of a lot on State street, north of Sixteenth, three children were attacked within the same 24 hours; another was attacked in the house on the front end of the same lot; another in the adjoining house south; and two others in the care of another physician in the adjoining house north. I have been unable to gather any evidences of the contagiousness or communicability of the disease. The cases have varied much, both in the severity and variety of symptoms, and yet have preserved enough of uniformity to identify them as belonging to one group, and dependent on some common pathological conditions. For instance, in all the cases the access of the disease is sudden or abrupt. They all give evidence, at first, of unusually severe pain in the head, with very variable neuralgic pains in distant parts, especially in the abdomen, thighs, and legs; and in from one to three days rigidity of the neck, with some retraction of the head and general hyperæsthesia sufficient to cause

even the youngest child to manifest signs of distress on being touched or moved. In nearly all the cases there has been during the first twelve hours active vomiting, increased by raising the head to the erect position, and in some co-incident purging. These gastric and intestinal symptoms have seldom continued beyond the first one or two days. The temperature is generally increased, especially in the back of the head; the pulse frequent and firm; respirations increased in frequency, and, in most cases, panting like one excessively fatigued from severe exercise; face flushed, and expression excited and anxious at first, but subsequently dull, with dilatation of pupils; urine generally scanty and high-colored, but in some cases abundant throughout the whole duration of the disease; tongue covered with a white fur; mouth moist; and after the first one or two days, bowels inclining to constipation, with the abdomen flaccid and entirely free from tympanites. About one-third of the cases present some red, erythematic spots on the skin between the third and seventh days of the disease. These spots vary much in size and number, as well as in shade of color. In the milder cases they are bright red, and often so few in number as to attract no attention unless looked for particularly, and in others they are so numerous as to create the impression that the case may be one of scarlatina. In the more severe cases the spots are darker in color, larger in size, and in two cases they were accompanied by tumefaction from subcutaneous infiltration, as in erysipelas. In a young woman who died on the fifth day after the attack, but whom I did not see until the day previous to her death, there were numerous large purple hemorrhagic spots on the lower extremities, and an oblong, elevated, purplish red spot from one to two inches long and from half to three quarters of an inch wide on the front part of each ankle and the outer face of each wrist. The head was held rigidly to one side, eyes divergent, pupils dilated, and mind entirely unconscious. In the majority of cases, however, I failed to discover any special eruptions or spots on the surface. Nearly all the cases manifested during their progress

paroxysms of excited delirium; and in the children, the first turns of vomiting would be followed by protracted turns of wild screeching and crying, and sometimes trembling as if under the influence of terrible fright. In only four cases were there general convulsions, three of which died, and one recovered.

In regard to the actual pathology or nature of this form of disease, there is still much obscurity. That it differs from *simple* inflammation of the brain and its membranes, is evident both from the symptoms during life, and the post mortem appearances after death. I have had the privilege of making only one *post mortem* examination this season. It was a case that died in the Mercy Hospital—an adult, brought in already unconscious, with rigidity of the muscles of the neck, and all the evidences of cerebro-spinal disease strongly marked. He died on the third day after admission, being about one week after the attack. Autopsy revealed a few ounces of reddish serum between the arachnoid and pia mater, and in the lateral ventricles, with the most intense and beautiful injection or turgescence of the vessels of the pia mater covering the base of the brain, medulla oblongata and upper of the spinal cord. The vessels of the brain substance were also fuller than natural, but there was no exudation of lymph or plastic material, and no other morbid appearance apparent to the eye. In a case recently alluded to by the editor of the *Buffalo Medical and Surgical Journal*, the autopsy revealed no morbid appearances in the brain or its membranes.

Most of the autopsies reported have given serous, sero-sanguineous, and sero-purulent effusions in moderate quantity, and vascular turgescence, with only slight appearances of plastic exudation. As a general rule, the more rapid the progress of the case—that is, the earlier the patient dies—the less are the visible *post mortem* changes. I have been led to regard the disease as consisting in an exaltation of the susceptibility or irritability of the structure of the cerebro-spinal axis, including the whole base of the brain, with diminished tonic or contractility of the blood-vessels. If the alteration of the prop-

erty of susceptibility is intense and extends directly to the center of the excito-motory system, it cuts short life very speedily, sometimes in a few hours, without leaving visible alterations in the brain or its membranes. But if the morbid action be less intense, or involve less directly the chief excito-motory center in the medulla oblongata, life may be prolonged until either recovery takes place or the vascular engorgement ends in suffusion of serum, etc.

Treatment: The first few cases coming under my care were treated with leeches to the temples and mastoid spaces; cold applications to the head; a mild cathartic and full doses of the bromide of potassa aided by hydrate of chloral to procure rest at night. After two or three days iodide of potassa was added to the bromide; counter-irritation applied to the neck. The results of this kind of treatment were not satisfactory.

The cephalalgia, muscular rigidity, etc., continued, and though the febrile action was less, there was no sign of convalescence. The first case died at the end of ten or eleven days. Another, a girl about 11 years of age, had lain with the head firmly retracted to a right angle with the shoulders; the hearing dull; mind wandering; sleepless; and often screeching with pain, for more than a week; and the foregoing remedies, with the addition of alterative doses of calomel and Dover's powder at night, had exerted no marked change in the progress of the case.

Recollecting that the Calabar bean had been used with apparent success in tetanus, and that I had used it with benefit in several cases of muscular rigidity from irritation of the nervous centers, I made the following prescription:

R Tinct. Calabar bean, ʒj.
Fl. Ext. Ergot, ʒjss.

Mix. Gave half a teaspoonful every two hours, and omitted all other medicines. At the end of twenty-four hours the patient was found simply more quiet, the pulse a little slower, and the respiration more regular. The treatment was continued without change. At the end of the second day the patient had ceased to complain of pain in her head, had

slept several times for half an hour to an hour; the retraction of the head was decidedly less; mind was clear; the mouth moist; and the urine free; but she seemed feeble. More simple nourishment was ordered, and the medicine continued at intervals of three hours. The case continued steadily to improve; and on the fifth day after the commencement of the use of the Calabar bean and ergot, the muscular rigidity had entirely ceased, and the patient was convalescent, though emaciated and feeble. The medicine was continued three times a day several days longer, and a combination of extract of malt and the compound syrup of hypophosphites, in addition to nourishment, were given to aid in restoring nutrition and strength. Since that time I have used the Calabar bean, either alone or in combination with ergot, in nearly all the cases that have come under my care, and certainly with more apparent effect in controlling the disease than by any other remedies I have tried. The following is a brief sketch of one of the more recent cases:

Mr. A—, residing at No. 40 Brown st., on returning from his work at evening, was suddenly attacked with chilliness and violent pain in the forehead, temples, and occiput. This was soon followed by febrile reaction and vomiting. Several messages were sent to me, but I did not see him until the afternoon of the following day, when he was found in bed, with the head drawn firmly backward; face flushed; head hot; expression anxious; pupils nearly natural; pulse 100 per minute, soft; respiration hurried and irregular; mouth moist, but tongue covered with a white fur; urine scanty; bowels quiet; but promptly rejecting by vomiting whatever drink was given him, and making efforts to vomit whenever he was raised up; his mind wandering, and almost constantly crying out with the distracting pain in his head. Cloths wet in cold water had been kept on his head; and I directed the same to be continued, and immediately ordered the two following prescriptions:

R Tinct. Calabar bean, ℥ jss.
Fl. Ext. Ergot, ℥ ijss.

Mix. One teaspoonful to be given every two hours, in half a tablespoonful of water.

R Carbolic acid crystals, 6 grs.
Glycerin, ℥ ss.
Tinct. gelseminum, ℥ ss.
Water, ℥ iij.

Mix. One teaspoonful to be given every two hours, alternately with the other; making the medicines come only one hour apart.

Directions were given to have the medicines and drinks given without raising the patient's head from the pillow, to avoid the danger of vomiting. The directions were faithfully executed, and the following day all the symptoms were moderately improved. The treatment was continued with no change except to extend the time between the doses to three hours instead of two.

The same treatment was continued four days, lengthening the interval between the doses of medicine one hour each day. On the fifth day, finding the pain in the head, the muscular rigidity, and the febrile symptoms entirely relieved, the carbolic acid mixture was omitted, the Calabar bean and ergot continued three times a day, and a saline laxative ordered to move the bowels. The patient continued to improve, and was up and dressed, apparently entirely convalescent, in eight days. If our views in regard to the essential nature of the morbid action constituting this form of disease are correct, we may expect such remedial agents as have the power to diminish *excitability*, and at the same time increase the vascular *tonicity*, to exert the most favorable influence over the active stages of its progress. Such are the Calabar bean, *cannabis indica*, *gelseminum*, *ergot*, etc. If the disease co-exists with the prevalence of *erysipelas* in the same community, it is probable that the free use of the sulphite of soda in addition to other remedies would be beneficial. I have noticed in several of the patients coming under my care a tendency in the disease to assume a chronic form. The constant pain in the head, the muscular rigidity, and the general febrile symptoms, gradually disappear during the first week or ten days; but the patients have continued pale, weak, subject to transient but

severe neuralgic pains, ever changing in their locality, but most frequent at the head of the gastrocnemii muscles, the abdomen and the head; a very peevish, fretful condition of mind; variable appetite; and disturbed sleep. In two or three cases of this kind, a mixture of the tincture of Calabar bean and camphorated tincture of opium, given each morning, noon, and tea-time, and a moderately full dose of Dover's powder and quinine at bed-time, appeared to produce very decided and permanent relief.

In the active stage of the disease I have not found either opiates or quinine to produce any favorable effects. I have thus given, as briefly as possible, simply the results of my observations in regard to the prevalent cerebro-spinal disease, which may be said to constitute a moderate epidemic.

SINGULAR CASE, OF SCARLATINA FORM, MEASLY AND VARIOLOUS DISEASE, COMBINED IN THE SAME PATIENT.

BY THOS. BEVAN, M.D.

Mr. B—e, of No. 15 Harmon Court, Chicago, began to complain on Friday, 23d of February, and grew worse on Saturday. There was general soreness, headache, fever, intense bronchial and nasal catarrh, and pain over whole body, most marked in head and back. He took some domestic remedies, suggested by non-professional friends, and felt somewhat improved, but not fully relieved. Mr. B—e had about the 14th of the month been on a night journey in a sleeping car, and thought he took cold, as he had not been quite well after that date, until taken down. Was called on the 27th, as medical adviser, for the first time; pulse 120 to 125 and 130 per minute; skin hot and dry; headache; sibilant, dry, and moist rales over both sides of the chest; cough incessant, tearing and painful; eyes congested, and head turgescient; back and limbs the seat of soreness and pain; great restlessness; nervous agitation.

Prescribed saline laxative and syr. liquor. comp., together with Dover powd., occasionally and at night, and sinapism over chest.

28th. Cough less frequent, expectoration free. expressed himself better, went on improving to Friday, March 1.

March 2. Slight delirium, fearful headache, backache, herpetic eruption about mouth, one papular point, tending to pustulation, on right malar surface, one on forehead, impetigenoid (accumulated after a day or two, without depressed center), two or three on thighs, some vesicles, small and not unlike sudamina. March 2, p. m. After 10 days' illness, papular eruption on bald space on cranium, red efflorescence, and decided swelling of whole head. Diagnosis—Varioloid, with some uncertainty about its form. Reported as such. Papule, for twenty or twenty-four hours, disappears on pressure; then a small drop of blood is extravasated at the site of each papule; not capable of being made to disappear by pressure at all. Patient in a fearfully agitated state; delirium when he dozes, but sleeps little or none; eruption extends to whole body, everywhere hemorrhagic. Probable diagnosis and prognosis—black, hemorrhagic small pox, and death. Treatment, simple diluents; neut. mixt. Dover powder; disinfection of the air of room every two hours, with the spray of carbolic acid and chlorinated soda, from atomizer, together with the use of chloride of lime, carbolic acid, and thorough ventilation. A temperature of 65° in the room ordered night and day; for heat of head, sponging with tepid water. Isolation had of course been practiced from first pimple. Whiskey, egg and milk were used, for prostration was pronounced; also, beef essence and nourishing fluids of all kinds. Stomach irritable—lime water.

Presto! On the 5th, amelioration of all symptoms—cough, fever, delirium, headache—all better; papule still hemorrhagic, but color gradually fading.

Gradual improvement from this on to 14th, when after alkaline baths and thorough disinfection and destruction of all possible fomites had been accomplished, isolation was discontinued. This was just about one month from possible sleeping car exposure. To-day, March 18, saw him; had been out; some bronchial irritation still, and a little intestinal

mucous irritation. Now, wise reader, what in the name of the divine Esculapius has been the matter? What was the *materia morbi* back of this most anomalous eruption? My belief is that it was modified black or hemorrhagic small pox, and I acted in the interest of the exposed as if such had been the case. How does it fit this description of that disease, from Trousseau's Clin. Med., see p. 81-2, Vol. 2d: "It is more common to meet with anomalous cutaneous eruptions, according to the prevailing epidemic constitution, in modified than in unmodified small pox." (The patient had been vaccinated and re-vaccinated.) "They appear the day before, or simultaneously with the pustules. Sometimes they so much simulate as to be mistaken for the eruption of measles, even when looked at closely." (The italics are my own.) "Still more do they resemble the exanthema of scarlatina." (My case did this exactly and perfectly.) "They do not disappear on pressure with finger. These hemorrhagic scarlatina-form eruptions, which in natural small pox constitute an alarming symptom, do not lead to unfavorable prognosis in modified small pox. They are sometimes on groin, thighs, abdomen; sometimes more generally diffused. The condition of the patient is then apparently more serious," etc., etc.

Now, these are my reasons for thinking the case small pox. There was and is an epidemic variolous constitution prevailing. There was not and is not such epidemic constitution of morbilli, or measles. I have seen hemorrhagic measles, but Sydenham and others say it, also, is a very fatal disease, though the cases I saw during the war did not die, except when complicated with serious pulmonary phlegmasia. Such cases are exceedingly interesting as studies of anomalous morbid states, and they are exceedingly well calculated to keep the medical attendant wide awake; for between the asses who want everything decided in a minute, and the long talkers who wish to know all about it anyway, the attendant, if a little nervous, sounds all the notes in the gamut of study, from ebullant profanity, if he isn't pious, to the quiet, studious mood of methodic observation.

That what is known as the hemorrhagic diathesis exists, to a certain extent, in all such cases, I think is to be admitted, but the usual signs of diminished vigor, from any general or traceable causes, are not always present.

Mr. B——e was a robust man of 35 years of age.

SUPPRESSION OF MENSES, WITH GOOD HEALTH.

BY J. A. HAMILTON, M.D.

ODIN, Ill., 1872.

On the 24th day of June, 1868, I was called to see Mrs. I——, a lady eighteen years of age, rather under medium size, dark complexion, hair and eyes, married ten months, never menstruated but once (sparingly), two months previous to her marriage. On my visit I found Mrs. I—— looking tolerable well, up doing her work, as she usually did between her spells each month, when nature would endeavor to establish menstruation, at which time she suffered excruciatingly with her head and back, vascular excitement running very high, almost, and sometimes quite producing convulsions.

This being about two weeks before the expected time for a return of her bad feelings, I saw no necessity for active medication, therefore I administered comp. cathartic pills, to evacuate the contents of the bowels, after which I put her upon mercurial alteratives, the better to prepare her for the administration of medicine directed to the uterine system at a proper time. I kept her on this course of treatment until within three days of her expected time. I then ordered the following:

R Pulvis guaiac,	℥ i.
Soda et potassa carbon.	gr. xxxi.
Pulvis pimenth.	℥ ii.
Alcohol,	℥ iv.

The vol. sp. ammonia to be added *pro re nata*, teaspoonful to be given three times a day in sherry, tea of rubia tinctorum *ad lib.*, and hip bath at night. I continued this course of treatment during her suffering this time, which was somewhat mitigated, but without any discharge whatever. I was then told

that she had been under the treatment of several physicians before, with the same object in view, and with a like result as myself. I requested an examination per vagina, which was readily acceded to, to see what light might be thrown upon the case. I found the external parts of generation well developed and perfectly natural in every particular, but one and a-half inch from the lobes I found the vagina permanently and persistently occluded, admitting of no passage whatever from the womb. Thus the nature of the case, heretofore enveloped in mystery, now became perfectly plain and apparent, and the remedy unquestionable. I apprised my patient and her friends of the nature of the case, and the means to be used for her relief. My proposition to operate, and divide the walls of the vagina, was not favorably received, and, therefore, of course, I abandoned the case, believing, as I did, there was no other means of relief—informing them, at the same time, I did not think it possible for her to survive many months in her present condition. In this I was very much mistaken. I have watched the case from that time until the present, a period of about three years. The lady is now well and hearty, as much so as any lady of my acquaintance. She tells me that since my visit to her, her trouble has been growing less and less each month, until at present she suffers no more, she thinks, than other ladies do at their monthly periods. Yet there has never been any perceptible discharge in any way whatever. No operation ever having been performed, the vagina still remains closed.

Here is an anomalous case. I have never known anything like it reported, and did not suppose any woman could live, much less enjoy good health, with an entire suspension of so important a function to the female economy, during her menstrual period. It may be that some of my medical friends have seen similar cases, and to such it is not strange; but to me, I confess I have never seen anything of the kind before, and cannot ever imagine how life can be sustained.

If there were any vicarious discharge to take the place or supersede the necessity of

the natural discharge per vagina, which is sometimes the case, then I should not be so much surprised; but here is a case of perfect health, with an entire suspension, as far as I am able to ascertain, for the space of three years, of the menstrual evacuation.

I have been rather actively engaged in the practice of medicine for about twenty-five years—have never met with anything of the kind before. If there is any such case on record, I have failed to have met with it. I do not know what the medical profession will think or say to such an article as the above; perhaps, that I am considerable of an egotist, or that I like to see myself in print. I do not think that I am much of an egotist. I am not in the habit of writing for medical papers, or any others. I give the case because it is a rare one, and also because it is an interesting one to the profession—interesting from the fact that it shows how little we know of the powers of nature to accommodate herself to the deviations from the great general laws and regulations which govern us in our being.

This 26th day of March, 1872.

ON SYPHILIS.

BY DR. CARL PROEGLER, AURORA, ILL.

I read with very much interest the article on the unity or duality of the syphilitic virus, by Prof. Andrews; and I may be permitted to contribute my mite in support of the dualistic doctrine.

The older authors on syphilis were obliged to consent to a *possibility of direct infection by way of the lips*; and even Torrella (*et hoc accidit propter mammas infectas, aut faciem, aut os nutricis, seu cujus alterius*). Ternellius (*suvenem mulceiem gallico morbo depravatam, ore exosculare assuetum nullo pr. juvem exercitato costu in morbum gallicum cucidisse*).

After Ricord was obliged to change his view, and by exact experimental demonstration the fact was established that syphilis could be inoculated from every syphilitic virus or secretion of the hard chancre of the broad condylomes as well as of the tonsils, I do believe that very few syphilo-

graphs dare to doubt the possibility of an infection *pr. orum*.

Generally, the original syphilitic ulcer on the lips has such a singular character that it cannot be confounded with an abscess produced by a condylomatous destructive process.

The latter may have entered ever so largely into ulcerative metamorphosis; it will not enter the tissues so deeply, nor have such a hard, sharp-edged basis surrounding it as the ulcus durum of the lips.

Great caution must be used in forming a diagnosis from the remaining criterion. Here, as with the *ulcus durum*, the principle holds good that never a single symptom, but the combination of all the symptoms, should be considered and have the preponderance.

Of great value for the decision here in this place is the seeming absence of *initial syphilitic affection and the presence of an intact hymen in women*. And as even in proved infection *via* the lips, a syphilitic affection may occur afterwards on the genitals in consequence of a syphilitic diathesis, other diagnostic signs must be considered. These are the peculiar course and development of the lymphatic glandular swellings which show themselves very much *sooner in the region of the throat than in the inguinal regions*. Generally the submental glands swell first, especially often in the vicinity of the *spina mentalis interna*, between the insertion of the *musculi genio hyoideus* and *genio-glossus*. Secondly, those glands inflame which are situated more nearly at the angle of the mouth and lower forward, not always the superficial only partially covered by the *platysma-myoides*, but also even sometimes in the deeper glands which are scattered in the *trigunum cervicis*, and which receive the *vasa efferentia* of the *glandulae fasciales profundae*.

In one case where the ulcer was situated on the upper lip, I found on the corresponding left side of the face some small swollen glands in front the ear near the parotis, which glands Lewin termed *glandulae zygomaticae*. Only after these glands are more or less inflamed does swelling of the inguinal glands occur, preceded in some cases by

swelling of the cubital glands. But here it must not be forgotten that also a scrofulous disease brings about similar glandular inflammation.

Koebner characterizes (page 62 of his *Clinical Reports*) such ulcerations on the lips and mucous membrane of the pharynx "as the rapidly developing symptoms of the usual later period of syphilis, which may be named *syphilis gallopanica* (galloping syphilis), causing the physician to fear for the life of his patient."

My experience does not at all verify this assertion, as I will illustrate in the following cases. It may be different when not the lips but the finer mucous membrane of the deeper laying pharynx is infected with the original syphilis, as has happened in some cases where infection resulted from catheterizing the tuba eustachia. In the greater number of cases which I have observed the symptoms were not very severe, nor were they accompanied by fever nor complications fraught with danger. But I must remark that such persons were generally very anæmic in appearance, and the cure in most cases was retarded.

(To be continued.)

WASP-STINGS.—Dr. Drury commends (*British Med. Journ.*, Sept. 23, 1871) the following treatment in cases of illness produced by the sting of wasps:

A careful examination of the wound should be made with a good pocket lens, and any remnant of the sting removed with a pair of fine-pointed forceps. Laudanum should be applied by means of a cotton-wool swab for at least ten minutes, followed by warm water fomentations. Internally, brandy and hot water should be given at once, and twenty minims of aromatic spirit of ammonia every half hour as long as there is depression. If the mouth or throat be stung, warm flannels should be applied to the neck, and warm inhalations with ether employed. There is sure to be spasm of the rima glottidis in these cases. In no case that I have seen yet would I have given opium internally; I doubt anything but mischief from its use in any of these cases, but I am aware it has been recommended by medical writers. If local pain be not subdued by the application of the laudanum, then I think I would try the effect of hyoseyamus poultice or tincture of belladonna sprinkled over a warm damp flannel, and applied to the wound.

THE MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, April 1st, 1872.

EDITORIAL

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—This organization will hold its third Anniversary meeting in Philadelphia, Monday, May 6th, 1872. The members will assemble for the transaction of business at 11 o'clock A. M., and the President, Dr. B. F. Dawson, of New York, will deliver the annual address at 8 o'clock in the evening. The meetings will probably be held in Horticultural Hall, on Broad street.

AMERICAN MEDICAL ASSOCIATION.—Delegates from the Northwest will find the Pittsburgh, Fort Wayne and Chicago, and the Pennsylvania Central railroads the most direct route to Philadelphia, on which excursion tickets can be purchased on presenting at the ticket offices the certificates obtained from the Permanent Secretary, Dr. W. B. Atkinson, 1400 Pine street, Philadelphia. The excursion tickets can be obtained from the 1st to the 7th of May, and will be good until the 20th of the same month.

ILLINOIS STATE MEDICAL SOCIETY.—The next annual meeting of this society will be held in Rock Island, commencing on the 3d Tuesday (21st) in May. We hope it will be borne in mind by the profession throughout the State, and that there will be a full attendance. We are sure our friends in Rock Island will give the members a cordial reception.

THE TONER LECTURES.—We are gratified to see by a Washington paper that our friend Dr. J. M. Toner, of Washington, D. C., has placed in the hands of Trustees, property to the amount of \$3,000, the interest on which is to be applied to the annual payment of premiums for two essays or memoirs, to be read in that city and published in such way as

the Trustees shall deem proper. The object is to advance medical science and a knowledge of the laws of nature by encouraging thorough original investigation. No essay or lecture is to be accepted by the Trustees unless it embodies some actual addition to the knowledge previously existing concerning the same subject; and this is to be determined by a critical examination to be made by a competent committee. The example is worthy of imitation.

CHICAGO MEDICAL COLLEGE.—The spring and summer course of instruction in this institution is well attended; and the clinical advantages are not excelled in any other city.

MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES.—Dr. J. M. Toner, of Washington, D. C., is diligently preparing a Register of the medical practitioners of the United States, which is to be published by S. W. Butler, M. D., of Philadelphia. The work is a very important one, and to insure accuracy in the list of names, many thousand circulars have been sent to physicians all over the country. Those to whom the circulars have been sent should promptly return them with the information asked, as it will greatly facilitate the appearance of the work. The task of the author and publisher is an arduous one, and the work one to be desired by every member of the profession.

SMALL-POX AND MEASLES.—In another part of the present number of the EXAMINER Prof. Bevan reports a case presenting a curious mixture of the symptoms of scarlatina, measles and small-pox.

Two similar cases have recently come under our own observation. Both were adults of foreign birth.

Both were attacked with all the symptoms of measles in a severe form. The coryza, bronchial cough, soreness of throat, and fever were strongly marked; and about the fourth day a very copious exanthematous rash appeared over the whole surface, the fever and catarrhal symptoms continuing unabated. In one of them the fever from the beginning presented a strongly typhoid character, the pulse being frequent and weak; the mind wandering; and the tongue and mouth dry.

The eruption was so thick as to make the whole surface deep red; and there appeared co-incidentally on the body and lower extremities numerous small petechial or hemorrhagic spots. In about three days from the appearance of the eruption, the face and nearly all the surface became swollen as in small-pox, and emitted the same odor, while the hemorrhagic spots became larger, more numerous, the pulse more rapid and feeble, the mind constantly delirious; and the following day there came hemorrhage from the bowels, from the mucous membrane of the mouth and nostrils, with rapid collapse and death. The other case, which occurred at the same time and in the same room, presented precisely the same character of symptoms, only less severe, and only slight hemorrhagic spots. The catarrhal symptoms of measles, the exanthematous character of the eruptions were perfect; yet at the ordinary time the swelling of the face and the odor perfectly resembled small-pox; and there gradually developed scattered pimples of larger size, flattened, but neither umbilicated nor vesicular. They appeared like large flattened papules interspersed with the exanthematous rash. At this stage the case was removed to the small-pox hospital, and we did not see its subsequent progress.

Foreign Correspondence.

TUBINGEN, WURTEMBERG, GERMANY, }
March 25th, 1872. }

The University of Wurtemberg, of which this picturesque little village is the seat, is probably best known to the profession in America as the home of the late lamented Prof. von Niemeyer, and for many years the seat of his labors. As the leading member of their medical faculty, his loss is, of course, severely felt by the institution. One of the oldest universities in Germany, it has always been noted mainly for its theological school. Its medical department, however, offers special advantages for study in certain departments, more especially in the elementary branches of anatomy, physiology, chemistry, etc., the lectures being much less crowded, and the

opportunities for personal observation and instruction much superior, to those offered in larger schools of Vienna or Berlin. Like the schools at Bonn, Heidelberg, etc., it labors, however, under the very great disadvantage of being situated in a small village, where the opportunities for hospital or clinical instruction are necessarily very limited. Their students are consequently obliged to resort to the hospitals of some of the larger cities for their final studies.

Prof. Liebermeister, the successor of Prof. Niemeyer, delivered his first course in Tübingen during the past semester. He is spoken of by the students as being a very interesting lecturer.

In an article lately published by Professor Liebermeister on the treatment of typhoid fever, I notice that he advocates a course of treatment by cold baths, to the exclusion of almost all medication. The patient is placed in a general bath of moderately cold water, and after remaining for an instant, is dried off and returned to bed. These baths are repeated more or less frequently, according to the amount of fever, heat and dryness of skin, etc. He claims that under this system the mortality is very considerably diminished. The idea is not original, however, with Prof. Liebermeister. Experiments were made with the same course of treatment, some time ago, in several of the English hospitals, but with very unfavorable results.

On our journey up the Rhine we paused for a day at Bonn, to visit the University there—the school with which the well-known pathologist and histologist, Prof. Rindfleisch, is connected. Unfortunately, however, both there and at Heidelberg, we arrived just at the commencement of the Easter vacation, when many of the Professors and most of the students were away traveling or visiting friends, so that there was little beyond the bare University walls to be seen. At Heidelberg, new and extensive hospital buildings have been for some time in course of erection. When completed, if the wards can be filled with patients, it will be a great addition to the value and efficiency of their school. While there I had the pleasure of meeting

the celebrated chemist, Prof. Bunson, and also of inspecting his laboratory, probably the most complete and extensive in Europe.

In glancing over the catalogues of the German Universities, there is one thing that strikes a stranger as being somewhat novel, namely, the fact that they include in the list of the Faculty, Professors of riding, fencing, gymnastics, swimming, and last, but not least, of dancing. Whether proficiency in all of these accomplishments is necessary to a proper mental culture may well be doubted, but on the principle of affording proper facilities for thorough physical training and development, the German schools are certainly right. It is a department the value and importance of which is too little appreciated in our Universities.

We feel that an apology is due for the general dearth of news in this letter. Being merely on our journey as yet up toward that present supposed center of all medical knowledge and discovery, Vienna, we have here recorded merely the wayside gleanings, as it were, and send them on chiefly in the way of reporting progress.

F. H. D.

AN INTERESTING OPERATION.

FROM THE GERMAN. BY MARY J. SAFFORD, M.D.,
OF CHICAGO.

From Munich comes a report of the following operation, made Feb. 15, 1872, by the Royal General Bavarian physician, Prof. Nurzbaum :

Soldier H., aged 23, in the engagement at Bazeilles, received a blow upon the elbow and nape of the neck with the butt end of a needle gun, in consequence of which he suffered continually with spasms, from a tonic contraction of the muscles, so that at times he became unconscious. Different remedies were used, such as vesicants, gymnastics and baths of all kinds, all in vain. After consultation with the Professor of Physiology, Dr. Virt, it was decided that the seat of the affection was in the spine—that is at the origin of the roots of the nerves—and that only such remedies would be of use which acted directly upon the spine. As the patient was accused of feigning his sufferings,

he was kept in confinement where Prof. N. had ample opportunity to observe him, and he decided to lay bare and to stretch all the nerves of the spine that came into action with the disease, and to follow the four lower cervical nerves as far as possible to their exit from the spine, and by distending them, to perhaps work favorably upon the neighboring spinal portion; and by freeing some adhesions to the spinal foraminæ, thus to relieve the tonic spasms. The nature of the operation was explained to the patient, who gave his consent to it.

He was completely narcotized to the successful end of the operation. By exposing and distending the four lower cervical nerves, the paralysis of the sensitive nerves and the spasms of the motor nerves was conquered.

Thus is proven the possibility, by operative means upon the spine, of removal of paralysis and of spasms.

Prof. Nurzbaum remarked, in his report : "I am glad to have made the operation before a hundred witnesses, so that no jester can say I have dreamed of the operation, instead of making it."

Society Reports.

CHICAGO MEDICAL SOCIETY.

Regular meeting, April 11th. G. C. Poole, President, in the Chair.

After the usual preliminary business, the subject of cerebro-spinal meningitis was introduced by a short paper, read by Dr. N. S. Davis. (See first article in the present number of EXAMINER.) After the reading of the paper, Dr. E. Powell stated that he had recently witnessed two post-mortem examinations of patients who had died from well-marked symptoms of this disease. The first was a patient who died on the third day after admission into the county hospital. A moderate amount of bloody serum was found between the arachnoid and pia-mater, with a thin layer of plastic exudation over the base of the brain. The blood vessels were also minutely filled with blood. The second case was in the West Division of the city, and

presented the same morbid appearance; except there was no plastic exudation.

Dr. Ingalls, of the county hospital, read an interesting account of six cases that had been admitted and treated in that institution. Of these five recovered and one died. The remedy that was chiefly relied on, and which appeared to produce a very favorable effect, in the treatment of those cases, was the tincture of cannabis indica. Its exhibition was generally commenced in doses of 20 minims every two hours, and rapidly increased to a fluid drachm, unless the symptoms soon began to abate.

Dr. N. Loverin referred to two cases, both of which had proved fatal in a short time. He expressed more confidence in the efficacy of the early abstraction of blood by venesection, followed by narcotics.

Dr. Marguerat had met with six or eight cases, but had found no plan of treatment productive of satisfactory results. To one child, presenting the initial symptoms of the disease, aged 18 months, he had given 10 grs. of sulphate of quinia per day, with a rapid recovery. Another child, aged two years, had recovered while under the active influence of quinia.

Dr. T. D. Fitch had treated only two cases that he regarded as cerebro-spinal meningitis. One of these had recovered and the other was still under treatment. He had given them the bromide and iodide of potassa, and the tincture of calabar bean, with fluid extract of lettuce, with apparent benefit.

Dr. S. Wickersham referred to the disease as it prevailed in 1859-60, comparing it with the present epidemic. He thought the disease in the former years presented more constant muscular rigidity and cutaneous spots than at the present time, and less frequent vomiting or gastric disturbances. The first marked case he had met with this year was in the present month (April). He found hydrate of chloral at first to produce no apparent relief; but he gave veratrum viride in sedative doses, and as soon as the pulse was reduced in frequency to near the normal standard, the chloral acted more favorably and induced quiet sleep, followed by rapid im-

provement. He thought the chloral would be found generally to act favorably, if its use was preceded by the sedative influence of veratrum viride.

Dr. C. W. Earle referred to the severe prevalence of the disease in some parts of Lake county, in this State, when the further discussion of the subject was postponed until the next regular meeting of the society, which will be on the first Monday evening in May.

Gleanings from Our Exchanges.

ON THE TREATMENT OF HEMORRHOIDS IN PREGNANT AND PUERPERAL WOMEN. — Dr. Fordyce Barker contributes an article on this subject to the *American Practitioner* for March. Contrary to the general teaching he always gives aloes in hemorrhoids of pregnant women, whether accompanied by constipation or diarrhoea, arguing that the aloes exercises a tonic influence on the muscular coats of the vessels of the rectum and colon. During the last two weeks of gestation he always combines the aloes with the extract of belladonna. The following is a frequent prescription:

R Pulv. Aloes Soc.,
Sapo. Cast., aa., ʒj.
Ext. Hyosciami, ʒ ss.
Pulv. Ipecacuan, gr. v.

M. Fit Pil. (argente) No. 20. S. on morning and evening.

When a patient is anæmic he adds one scruple of sulphate of iron to this prescription.

When the patient has an irritable rectum, with small teasing, thin evacuations, he substitutes for the hyosciamus a small quantity of the aqueous extract of opium and a smaller quantity of the aloes.

When he is called to a case during labor, and the tumors come down and are troublesome, he tries the method of Dewees, returning the tumors and pressing over the anus with a napkin during the expulsion of the head. This method however, he says, frequently fails in keeping the tumors back. In that case he tries the method of Van Buren, anesthetizing the patient and with the thumbs

dilate the sphincter as wide as possible. He then directs the following:

R Ung. Gallæ co.,
Ext. Opii. aq.,
Sol. Ferri persulph.,
M. Ft. Ung.

If the woman's bowels do not move, he does not give castor oil, claiming that it is the worst laxative possible when there is a tendency to piles. He gives the following:

R Magnesia Sulph.,
Magnesia Carb.,
Potas. Sup. Tart.,
Sulphur, Sublim., aa. ʒ ss.

Mix thoroughly. S. one, two, or three teaspoonfuls before eating in the morning.

CHRONIC OTORRHEA.—Dr. A. W. Calhoun describes the treatment of Dr. Weber, of Berlin, in this disease, says that he seldom directs the syringing of the ear with tepid water, as the few drops of water remaining often produce an acute catarrh, thus complicating the disease. He dries the ear with a fine camel-hair pencil and then fills the external meatus with pure alcohol, first, tipping the head slightly to one side and rubbing and gently pressing upon the Tragus. After about five minutes the alcohol is turned out and the meatus is filled with charpie. Continue this treatment three times a day until the discharge has markedly diminished, afterwards twice a day until the disease has disappeared. For a while after its disappearance it is well to continue the medicine once a day. The success of this treatment he claims to be very great.—*Georgia Med. Companion*.

PROLONGED EXPIRATION.—Dr. Armor contributes an article on this subject to the *New York Medical Journal*, referring to the physiology of the lung, he calls attention to the fact that expiration is entirely a passive movement, and is accomplished by the recoil of the elastic fibers which enter into the composition of the lung tissues. Anything which weakens these fibers will diminish the expiratory forces and lengthen the time of expiration, as is well seen in emphysema. In the *pretubercular stage* of consumption the nutrition of the lung is imperfect, and these fibers are weakened, hence the prolonged expira-

tion. Prolonged expiration is then by no means diagnostic of tubercle or even of incipient phthisis; general anæmia from any cause may produce it, but taken in connection with the rational symptoms generally present indicating a defective nutrition, it is a sign of very great value as indication of a *tendency to tubercular deposit*.

A NEW Speculum is figured in the *Lancet* for February. The speculum opens like a bivalve speculum, each valve being made of stout German silver wire bent like a letter M. When the speculum is to be introduced a rubber band is slipped over it which confines the four parts in a narrow compass; after the introduction the band is slipped off when the four points separate by their own resiliency, exposing the parts, the inventor claims, the most satisfactorily of any speculum which has yet been shown.

DIGESTIVE POWER OF PEPSIN.—A contributor to the *Am. Journ. of Pharmacy* describes his method of preparing pepsin, and says that one half grain of the pepsin added to two ounces of water acidulated with hydrochloric acid dissolved 250 grains of coagulated albumen, to the solution was added another ounce of acidulated water and 250 grains more of albumen was dissolved. He continued adding acidulated water and albumen until he had dissolved 1500 grains of albumen, and not even then was the solvent power exhausted.

BEEF EXTRACT.—The iconoclast is among our idols. Chemistry proved to us some time ago, that gelatine in all its forms was not nutritious. The English doctors are rebelling against alcoholics; and here comes along an irreverent gentleman, Prof. Muller, who claims not only that beef extract has no nourishment whatever, but that the potash salts contained in the essence will, if taken into the system in large quantities, diminish the capacity of the red blood corpuscles for carrying oxygen and so have a positive debilitating effect.

It is said that a mixture of hydrochloric acid and pepsin will, contrary to the general opinion, dissolve calomel.

NECROLOGIST'S REPORT.

(Continued from page 96.)

DR. OTHO BONSER—*Class of 1868.*—Dr. Bonser was the son of Jesse and Agnes Bonser, and born in Clermont County, Ohio, on the banks of the Ohio River, August 6th, 1844. When he was but three years old, his parents removed to Lee County, where a year later his father died, leaving Otho, with three sisters, one older, the other two younger than he, to the care of Mrs. Bonser, who, through the rascality of Mr. Bonser's debtors, was soon made penniless. Mrs. B., however, managed to keep her children together and send them to school until Otho was ten years old, when a gentleman in the neighborhood who had taken a liking to the studious boy, induced his mother to let Otho come into his family, promising to give him a finished education. He remained with this gentleman, however, but two years, when he left him and hired out to a man living near Mrs. B., in order to be nearer his mother; "for he was always a great mother's boy," writes his mother.

He still attended school in the winters, working in the summers, until he was sixteen years old, when he engaged to teach a three months school.

We learn that at this time his mother was a second time married, and they were all living in Iowa, though at what time these occurrences came about, we are not informed.

Before his first school was out the rebellion had broken out; and as soon as his school term closed, and before he was seventeen years of age, he enlisted. July 15th, 1865, he entered the service in Company K, 7th Iowa infantry. Just after the battle of Belmont he was sent home with typhoid fever. In three months he was able to rejoin his regiment on the eve of a heavy engagement, immediately after which he was promoted to Orderly Sergeant, and came home at the end of his three years' enlistment as Second Lieutenant. At the expiration of the thirty days' furlough allowed veterans, he returned to the field as a First Lieutenant, where he remained until the close of the war, arriving home in July, 1865.

His mother writes us as follows: "He was a great favorite with all the boys; if any got into trouble, he was the one to settle it. He bought and read a great many good books while there. He carried his Bible with him, and visited the sick and wounded whenever opportunity permitted. He gave his Bible on one occasion to a sick soldier. On another, to a wounded one he gave almost all the money he had. He was converted when ten years old, and united with the Congregational Church; and until his death he lived a consistent Christian."

In September, 1865, he began the study of Medicine at the University of Michigan, entering as a student of the Faculty. Writes a chum of his at Ann Arbor: "It was there the writer first met him, and there the friendship was formed which grew deeper and stronger until arrested by the Doctor's death. Our college life there was what it is with all or almost all western medical students. We were both poor and hard run; but one never wanted for a shilling if the other possessed so much. Bonser was a hard, conscientious student; he never slouched over his work. One incident of his life there it may be well to mention, as exhibiting something of his character. He was engaged to be married to a young lady at that time going to school in Ohio. About the holidays he received a letter from her informing him that she had been mistaken in her feelings towards him, and that while she loved no other, yet she could not conscientiously marry him. To a man of his deep nature, this was the heaviest blow he could receive. The future looked black enough. Poor, and with no influential or able friends, too delicate for hard labor, his profession to get, and even the love of woman denied him; many men would have gone entirely to the bad. For twenty-four hours his suffering was terrible. 'Heaven alone knows,' said he, 'how I love that woman!' Then to work; no further outcry; no change, except that he worked the harder."

The summer of 1866 he spent on a farm in Iowa, near his mother and sister. He attended the session of 1866-7 at the Chicago Medical College. The ensuing summer he

was with Prof. R. J. Patterson at Batavia, Ill., in the Bellevue Place Insane Asylum. The winter of 1867-8 again found him at the Chicago Medical College and in Mercy Hospital.

In the spring of 1868, shortly after his graduation, he went to Kansas. Settling penniless and in debt at Aubrey, Johnson Co., he soon gathered friends and patrons about him, and in six months had perhaps as good a country practice as any man in his county.

"While there," writes Dr. S. T. Odde, a former classmate, "it was my good fortune, practicing medicine in a little village ten miles distant, to often meet him in consultation, and always with benefit both to the patient and myself. In February, 1869, I received a note from him: 'O, I am "under the weather" a little; have been so for two weeks, and don't get any better; wish you'd come up and "straighten me out."' Obeying the call at once, I found he had taken a severe cold in riding through a storm to an obstetric case a few nights previous, and a bad cough was the result. His father had died of Tuberculosis, and we feared a like fate for him. A few days showed our suspicions but too well founded, and he gradually sank until April 10th, 1869, when he quietly breathed his last (he was thus 24 years, 8 months and 4 days old). He was nature's nobleman—a brave, patient, intelligent, hard worker in the cause of God and humanity. We know he has his reward."

While in the class of '68 of the Chicago Medical College Bonser was, I think, respected by every one. He was modest in his disposition, and not bold to make acquaintances on short notice, and with many of the class he was not very thoroughly acquainted. But those who knew him best respected him most, and loved him; and he left college with no feeling but of kindness in anyone towards him.

Prof. Patterson says, in a letter to the Necrologist: "Bonser was a noble fellow; kind, generous, industrious, a great soul, a true man, a true physician, a devoted Christian." Of whom could more be said?

Dr. B. was, at the time of his death, en-

gaged to be married to a very intelligent lady in Aubrey.

Obituary.

PROF. SAMUEL JACKSON, M.D.,

OF PHILADELPHIA.

DR. SAMUEL JACKSON, Emeritus Professor of the Institute of Medicine in the University of Pennsylvania, died, April 6, at his residence, in this city, at the ripe old age of eighty-two. He was born in Philadelphia on the 22nd of March, 1787. He devoted his time with great energy to the study of his profession, and was successful in acquiring a high standing in its practice. In 1835 he was elected Professor of the Institute of Medicine in the University of Pennsylvania, a position which was filled by him during a period of twenty-eight years, with great credit both to himself and the institution. He was one of the clearest lecturers and profoundest scholars and occupied a front rank in the corps of Professors of the University, a body of men which has long enjoyed the highest reputation for skill and learning throughout the world. In 1863, in consequence of his advanced age, he abandoned the active duties of his Professorship, and has since held an Emeritus relation to the University. Prof. Jackson wrote several works on medical and physiological subjects, the most celebrated of which were a treatise on the "Principles of Medicine," first published in 1832, and an "Introduction to Lehman's Chemical Physiology," published in 1856.—*Philadelphia Inquirer*.

DELAY in appearance of the *Journal* enables us to announce the death, upon April 5th, of Zina Pitcher, M.D., of Detroit, Mich. Dr. Pitcher was aged about 75 years, was one of the oldest citizens, assisted in founding the free schools of Detroit, and the State University, of which he was for many years a regent. He had occupied many prominent secular and professional positions. He was an Emeritus Professor in the Michigan University, a position to which he was nominated by the present writer. He had also been one of the Presidents of the American Medical Association. He was a model of the courtly gentleman of the old school, and his death will be widely lamented.—*Chicago Medical Journal*.

PROF. SAMUEL HENRY DICKSON, M.D., LL.D., died in Philadelphia, March 31, 1872.

Book Reviews.

Plain Talk about Insanity ; its causes, forms, symptoms, and the treatment of mental diseases. With remarks on hospitals and asylums, and the medico-legal aspect of insanity. By T. W. Fisher, M.D. Boston: Alexander Moore. 1872.

This is a monograph of nearly 100 pages, written as much for the public as the profession. It contains much useful information and many valuable suggestions regarding the nature and management of insanity.

For sale by W. B. Keen, Cooke & Co., Chicago. Price, \$1.50.

Animal and Vegetable Parasites of the Human Skin and Hair. By B. Joy Jeffries, A.M., M.D., Fellow of the Massachusetts Medical Society, etc., etc. Boston: Alexander Moore. 1872.

This is a neatly published duodecimo of 102 pages. The author appears thoroughly conversant with the subject; and has furnished us with a very interesting and valuable elementary treatise on the animal and vegetable parasites that infest the human hair and skin.

For sale by W. B. Keen, Cooke & Co.

Anæsthesia, Hospitalism, Hermaphroditism, and Proposal to stamp out Small-Pox and other Contagious Diseases. By Sir James Y. Simpson, Bart., M.D., D.C.L., late professor of Midwifery in the University of Edinburgh. Edited by Sir W. G. Simpson, Bart., B.A. New York: D. Appleton and Co., 549 Broadway. 1872.

This is a volume of 562 pages published in good style. It contains essentially all that the late Sir James Y. Simpson wrote at various times concerning the topics in the title page. It is a collection and arrangement in one volume of numerous essays and papers, contributed from time to time by the gifted author, and published originally in various periodicals. The first 288 pages are occupied with the subject of Anæsthesia; embracing its History, Defenses, the Nature and Power of various Anæsthetics; Applications of Anæsthesia in Surgery and Medicine; in Midwifery; and Local Anæsthesia.

The subject of Hospitalism occupies 118 pages. This part of the volume contains some valuable statistics in reference to the results of surgical operations in large metropolitan hospitals and in rural districts, and much that is valuable in relation to the causes of mortality in hospitals, and in relation to improved methods for constructing such institutions. Thirty-three pages are devoted to the subject of Hermaphroditism.

The last ten pages are devoted to the subject of Preventing Small-Pox and other Contagious diseases. The chief means advocated are isolation, disinfection, and cleanliness. The book will be found one of the most convenient and valuable that the physician can have in his library. The editor, though not a physician, has certainly conferred a great favor on the profession by collecting and publishing the valuable writings of his father in one convenient volume.

Transactions of the Medical Society of the State of New York for the year 1870. Albany. New York.

This is a bound volume of over 400 pages, containing the transactions and papers of the New York State Medical Society at the annual meeting of February, 1870. There are a number of valuable papers, and much information in regard to the topography and diseases of various localities in that State, and a most excellent steel plate likeness of the late Alden March, M.D., etc., of Albany, N. Y. We have not time or space to analyze any of the papers at present.

DR. BOISE recommends liquid carbolic acid as an application to condylomater.

MONEY RECEIPTS UP TO APRIL 1st, 1872.—H. Sweet, \$6; A. Groesbeck, \$3; N. Bridge, \$3; J. W. Barlow, \$3; E. R. Bacon, \$3; C. H. Bacon, \$6; W. Martin, \$3; O. N. Moon, \$3; W. Dougal, \$6; J. H. Rauch, \$6; J. P. Johnson, \$3; J. G. Conley, \$3; J. W. Boggess, \$3; R. J. Patterson, \$3; M. Northup, \$3; A. Jones, \$3; L. D. Thompkins, \$3; Dr. Sprague, \$3; J. L. Shay, \$3; W. J. Johnson, \$3; Wm. Butterfield, \$3; H. John, \$3.

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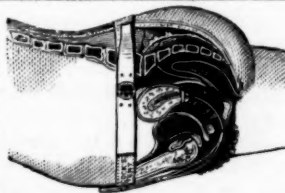
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